

Summary of Nursing Peer review on 9/23/2016

I met with Nursing Peer review committee to review an incident involving blood administration on patient MR # [REDACTED]. The committee reviewed the investigation that was completed by Karen Ames, the patient letter, medical record and blood policy and procedure.

The committee then concluded and reported their findings as: **Most experience, competent practitioners would have managed the case differently.**

This determination was based on the following:

1. The patient was not positively identified prior to the start of her blood transfusion.
2. The transfusion protocol was not followed correctly, particularly with two essential aspects; a 2 nurse bedside check was not performed and the nurse's dismissal of the patient's concern when the patient verbalized her observation that this transfusion was approached in a very different manner than her previous transfusions.

The committee did not feel that this incident occurred due to environmental factors such as census in the ICU at the time or staffing issues or process/protocol failure.

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